

HMIS-Erie: HHS-RHY UPDATE FORM

Use	block	letters f	or te	ext an	d bubl	ole in	the ap	propr	iate cir	cles. C	omple	ete a forr	n for e	ach household member.		
AGE	NCY	NAME: _														
CLIE	NT N	AME OR	IDE	NTIFIE	ER:								_			
		DDO 150	т 01		DAT		01:	7								
	[PROJEC	1 51	AIUS	DAIL	= [AII	Cilents _.	<i>l</i>								
		Month			Day		_		Year	,						
	(CLIENT I	LOC	ATION	l [only	it mui	Itiple C	oC's]_								
DISA	ABLIN	G COND	OITIC	N [All	Client	s]										
0	No												0	Client doesn't know		
	Yes												0	Client refused		
0	1 68												0	Data not collected		
PHY	SICAI	L DISABI	ILIT	r [All C	Clients	7										
0	No												0	Client doesn't know		
0	Yes												0	Client refused		
O	163												0	Data not collected		
IF "	YES"	TO PHYS	SICA	L DIS	<u>ABILI</u>	<u> </u>	SPECIF	-Y						1		
Expe	ected :	to be of lo	ona-	continu	ıed an	d inde	efinite o	duratio	n and		0	No	0	Client doesn't know		
		lly impair							ii ana		0	Yes	0	Client refused		
									0	Data not collected						
DEV	ELOP	MENTAL	L DIS	SABIL	ITY [A	II Clie	nts]									
0	No				-								0	Client doesn't know		
0	Yes												0	Client refused		
0	168												0	Data not collected		
IF "	YES"	TO DEVE	ELO	PMEN	TAL D	ISAB	ILITY -	- SPE	CIFY							
											0	No	0	Client doesn't know		
Expe	ected	to substa	ntial	ly impa	air abil	ity to I	live ind	epend	ently?		0	Yes	0	Client refused		
											Ü	100	0	Data not collected		
CHR	ONIC	HEALTH	н СС	NDIT	ION [A	II Clie	ents]									
0	No												0	Client doesn't know		
o Yes								0	Client refused							
						_							0	Data not collected		
IF "	YES"	TO CHR	ONIC	HEA	LTH C	OND	ITION -	- SPE	CIFY					T		
Expected to be of long-continued and indefinite duration and						0	Client doesn't know									
substantially impairs ability to live independently? O Yes							0	Client refused								
166						0	Data not collected									



HIV-AIDS [All Clients]

0	No	0	 Client doesn't know 						
	V	0	Client refused						
0	Yes	0	Data not collected						
IF "	YES" TO HIV-AIDS – SPECIFY								
0					0	Client doesn't l	know		
Expected to substantially impair ability to live independently?			_		0	Client refused			
		0	Yes	0	Data not collected				
MEN	ITAL HEALTH PROBLEM [All Clients]								
0	No				0	Client doesn't know			
					Client refused				
0	Yes				0	Data not collected			
IF "	YES" TO MENTAL HEALTH CONDITION - SPECIFY	,							
			0	No	0	Client doesn't l	know		
Expected to be of long-continued and indefinite duration and			0		0	Client refused			
Subs	stantially impairs ability to live independently?			Yes	0	Data not collec	ted		
						l			
SUE	STANCE ABUSE PROBLEM [All Clients]		ı	1					
0	No		0		Both alcohol and drug abuse				
0	Alcohol abuse		0	Client doe	Client doesn't know				
			0	Client refused					
0	Drug abuse		0	Data not collected					
IF " <i>F</i>	ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH AL	COHOL AN	ND DF		<u>E" – S</u>	ı			
Expe	ected to be of long-continued and indefinite duration an	d	0	No	0	Client doesn't	know		
	tantially impairs ability to live independently?	~	0	Yes	0	Client refused			
					0	Data not collected			
	OME FROM ANY SOURCE [Head of Household and A	Adults]					ī		
0	No				0	Client doesn't			
0	Yes				0	Client refused			
1E "	YES" TO INCOME FROM ANY SOURCE – INDICATE	ALL SOL	IDCE	S TUAT AD	ODI V	Data not colle	cted		
	1			Income Source			Amount		
0	Alimony and other spousal support	Amount	0	Child support					
0	Pension or retirement income from former job			Earned Income					
0	Retirement Income from Social Security		0	General Assistance (GA)					
0	Social Security Disability Insurance (SSDI)		0	Private disability insurance					
0	Supplemental Security Income (SSI)	0	Unemployment Insurance						
		0	Worker's Compensation						
0	TANF (Temporary Assist for Needy Families)						Other source		
0	VA Service Connected Disability Compensation		0						
	, , , , , , , , , , , , , , , , , , , ,		0						



RECEIVING NON-CASH BENEFITS [Head of Household and Adults]

0	No	0	Client doesn't know						
	Voc		0	Client refused					
0	Yes	0	Data not collected						
IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY									
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Childcare Services						
0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services						
0	Other (specify):	0	Other TANF-funded services						

COVERED BY HEALTH INSURANCE [All Clients]

0	No	0	Client doesn't know						
_	Voc	0	Client refused						
0	Yes	0	Data not collected						
IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS									
0	MEDICAID o Employer Provided Health Insurance								
0	MEDICARE	ce Obtained through COBRA							
0	State Children's Health Insurance (SCHIP)	Private Pa	ay Health Insurance						
0	Veteran's Administration (VA) Medical Services								
0	Other (specify):				ndian Health Services Program				

RHY SPECIFIC YOUTH INFORMATION

PREGNANCY STATUS [All Female: HoH, Adults and Unaccompanied Youth]

0	No		×	Client doesn't know			
	Vee		26	Client refused			
0	Yes	26	Data not collected				
IF "YES" for Pregnancy Status							
Due l	Date	/					

Signature of applicant stating all information is true and correct Date